

TABLE 3

## Bell Atlantic Corporation

## Annual Rates of Transfer from Associate to Management\*

Management

Service t	Rates of Promotion during year of service t + .5 to t - 1.5	Service t	Rates of Promotion during year of service t + .5 to t + 1.5
0	.0116	16	.0316
1	.0633	17	.0273
2	.1429	18	.0271
3	.1810	19	.0234
4	.1140	20	.0206
5	.0479	21	.0171
6	.0415	22	.0142
7	.0383	23	.0103
8	.0561	24	.0081
9	.0602	25	.0051
10	.0570	26	.0042
11	.0451	27	.0034
12	.0403	28	.0027
13	.0392	29	.0024
14	.0359	30	.0015
15	.0363	over 30	.0011

\* Management Plan Assumptions

TABLE 4

Bell Atlantic Corporation  
Annual Rates of Retirement on Disability Pension

Management

Age x	Rates of disability retirement during year of age x + .5 to x + 1.5		Age x	Rates of disability retirement during year of age x + .5 to x + 1.5	
	Male	Female		Male	Female
30	.00020	.00040	45	.00068	.00136
31	.00020	.00040	46	.00068	.00136
32	.00020	.00040	47	.00068	.00136
33	.00020	.00040	48	.00068	.00136
34	.00020	.00040	49	.00068	.00136
35	.00030	.00060	50	.00120	.00240
36	.00030	.00060	51	.00120	.00240
37	.00030	.00060	52	.00120	.00240
38	.00030	.00060	53	.00120	.00240
39	.00030	.00060	54	.00120	.00240
40	.00042	.00084	55	.00050	.00100
41	.00042	.00084	56	.00050	.00100
42	.00042	.00084	57	.00050	.00100
43	.00042	.00084	58	.00050	.00100
44	.00042	.00084	59	.00050	.00100
			over 59	.00000	.00000

TABLE 5

## Bell Atlantic Corporation

## Annual Rates of Retirement on Service Pension

## Male Employees

## Management

Service in years t	Rates of retirement during year $t + .5$ to $t + 1.5$ for employees entering service at specimen ages							
	15	20	25	30	35	40	45	50
14							.0470	.5000
15							.0470	.3000
16							.0470	.3000
17							.0470	.3000
18							.0470	.3000
19					.0600	.0860	.5000	.9903
20					.0360	.0500	.3000	
21					.0320	.1350	.3000	
22					.0340	.2110	.3000	
23					.0410	.1680	.3000	
24			.0160	.0310	.0630	.5000	.9903	
25			.0150	.0260	.0720	.3000		
26			.0160	.0340	.1860	.3000		
27			.0180	.0460	.2610	.3000		
28			.0210	.0610	.2180	.3000		
29	.0130	.0130	.0340	.0970	.5000	.9903		
30	.0120	.0130	.0410	.1260	.3000			
31	.0120	.0180	.0480	.2350	.3000			
32	.0120	.0220	.0630	.3070	.3000			
33	.0140	.0240	.0810	.2640	.3000			
34	.0150	.0530	.1170	.5000	.9903			
35	.0160	.0620	.1610	.3000				
36	.0190	.0710	.2700	.3000				
37	.0240	.0900	.3400	.3000				
38	.0270	.1100	.2890	.3000				
39	.0740	.1480	.5000	.9903				
40	.0850	.1960	.3000					
41	.0950	.3030	.3000					
42	.1140	.3620	.3000					
43	.1420	.2970	.3000					
44	.1800	.5000	.9903					
45	.2200	.3000						
46	.3260	.3000						
47	.3740	.3000						
48	.3030	.3000						
49	.5000	.9903						
50	.3000							
51	.3000							
52	.3000							
53	.3000							
54	.9903							

TABLE 6

Bell Atlantic Corporation  
Annual Rates of Retirement on Service Pension  
Female Employees

Management

Service in years t	Rates of retirement during year $t + .5$ to $t + 1.5$ for employees entering service at specimen ages							
	15	20	25	30	35	40	45	50
14							.1310	.5000
15							.1310	.3000
16							.1310	.3000
17							.1310	.3000
18							.1310	.3000
19					.1800	.3540	.5000	.9949
20					.1260	.1360	.3000	
21					.1260	.2850	.3000	
22					.1290	.3240	.3000	
23					.1330	.2700	.3000	
24			.0610	.1040	.1340	.5000	.9949	
25			.0400	.0960	.1460	.3000		
26			.0420	.1210	.2870	.3000		
27			.0460	.1290	.3270	.3000		
28			.0470	.1310	.2770	.3000		
29	.0400	.0450	.0690	.1390	.5000	.9949		
30	.0290	.0320	.0790	.1610	.3000			
31	.0340	.0400	.1010	.2900	.3000			
32	.0380	.0440	.1250	.3350	.3000			
33	.0460	.0460	.1340	.2920	.3000			
34	.0490	.0930	.1520	.5000	.9949			
35	.0520	.1010	.1810	.3000				
36	.0540	.1200	.3000	.3000				
37	.0560	.1320	.3490	.3000				
38	.0590	.1360	.3150	.3000				
39	.1030	.1640	.5000	.9949				
40	.1160	.2040	.3000					
41	.1290	.3200	.3000					
42	.1350	.3750	.3000					
43	.1450	.3440	.3000					
44	.1740	.5000	.9949					
45	.2120	.3000						
46	.3490	.3000						
47	.3980	.3000						
48	.3680	.3000						
49	.5000	.9949						
50	.3000							
51	.3000							
52	.3000							
53	.3000							
54	.9949							

TABLE 7

**Bell Atlantic Corporation**  
**Annual Rates of Mortality Among Active Employees**

Management

Age x	Rates of Mortality during year of age x + .5 to x + 1.5		Age x	Rates of Mortality during year of age x + .5 to x + 1.5	
	Male	Female		Male	Female
15	.0003	.0001	43	.0017	.0008
16	.0003	.0001	44	.0019	.0009
17	.0003	.0002	45	.0022	.0010
18	.0004	.0002	46	.0025	.0011
19	.0004	.0002	47	.0028	.0012
20	.0004	.0002	48	.0031	.0014
21	.0004	.0002	49	.0035	.0015
22	.0004	.0002	50	.0039	.0016
23	.0004	.0002	51	.0043	.0018
24	.0004	.0002	52	.0048	.0019
25	.0005	.0003	53	.0052	.0021
26	.0005	.0003	54	.0057	.0023
27	.0005	.0003	55	.0061	.0025
28	.0005	.0003	56	.0066	.0028
29	.0006	.0003	57	.0071	.0031
30	.0006	.0003	58	.0077	.0034
31	.0006	.0004	59	.0084	.0038
32	.0007	.0004	60	.0092	.0042
33	.0007	.0004	61	.0101	.0047
34	.0008	.0004	62	.0111	.0052
35	.0009	.0005	63	.0124	.0058
36	.0009	.0005	64	.0139	.0064
37	.0010	.0005	65	.0156	.0071
38	.0010	.0006	66	.0176	.0078
39	.0011	.0006	67	.0198	.0087
40	.0012	.0007	68	.0222	.0097
41	.0014	.0007	69	.0248	.0109
42	.0015	.0008			

TABLE 8

## Bell Atlantic Corporation

## Annual Rates of Mortality For Management Service Pensioners

Management

Age x	Rates of Mortality during year of age x to x + 1		Age x	Rates of Mortality during year of age x to x + 1	
	Male	Female		Male	Female
45	.028	.022	78	.055	.038
46	.023	.018	79	.060	.042
47	.019	.015	80	.065	.047
48	.015	.012	81	.071	.052
49	.012	.010	82	.077	.054
50	.010	.008	83	.084	.064
51	.008	.007	84	.091	.071
52	.007	.006	85	.100	.079
53	.007	.006	86	.110	.087
54	.007	.005	87	.122	.096
55	.007	.006	88	.135	.105
56	.007	.006	89	.149	.116
57	.008	.006	90	.165	.127
58	.008	.007	91	.182	.140
59	.009	.007	92	.201	.155
60	.010	.008	93	.221	.172
61	.010	.008	94	.241	.192
62	.011	.009	95	.266	.213
63	.012	.009	96	.292	.236
64	.014	.010	97	.318	.262
65	.015	.011	98	.348	.291
66	.016	.011	99	.380	.323
67	.018	.013	100	.415	.358
68	.020	.014	101	.454	.357
69	.021	.015	102	.495	.441
70	.024	.017	103	.541	.488
71	.027	.019	104	.591	.541
72	.030	.021	105	.645	.599
73	.034	.023	106	.704	.664
74	.038	.025	107	.768	.736
75	.042	.028	108	.839	.815
76	.046	.031	109	.916	.903
77	.051	.034	110	1.000	1.000

For ages prior to 45, the mortality rate is assumed constant at that age value.

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1991 ACTUARIAL REPORT

1991 REGULATORY COSTS UNDER SFAS 106  
THE BELL ATLANTIC  
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**I. INTRODUCTION**

This report provides the 1991 results of the third annual actuarial valuation for determining costs on an accrual basis for Bell Atlantic Medical and Dental Expense Plan Postretirement Health Care Benefits for Associate Retirees. This is the first actuarial valuation for Medicare Part B Reimbursement.

The results in this report reflect (1) the adoption of Statement of Financial Accounting Standards No. 106 (SFAS 106) as of January 1, 1991 and (2) the delayed recognition of the transition obligations as of January 1, 1991. The transition obligations were amortized on a straight-line basis over the average remaining service period of active plan participants. For the two years prior to 1991, costs on an accrual basis were determined for Medical and Dental Expense Plan benefits based on the aggregate cost method.

Results are shown separately for Medical, Dental and Medicare Part B Reimbursement to reflect the facts that Medical and Dental benefits are each separately funded and Medicare Part B Reimbursement benefits are unfunded.

Company contributions are made to the Bell Atlantic Retiree Health Trust (the "Trust"). Trust assets, benefit payments, investment income, company contributions and other items are accounted for separately for Medical and Dental Expense Plan benefits. The Trust was established on November 30, 1989 as a result of the 1989 collective bargaining agreements between Bell Atlantic Network Services Group Companies (the "Company") and both the Communication Workers of America (CWA) and the International Brotherhood of Electrical Workers (IBEW).

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**I. INTRODUCTION (CONTINUED)**

Company contributions were made in 1989 and 1990 in amounts equal to the costs determined on an accrual basis. The Company funding policy is to continue to make contributions on an accrual basis using the aggregate cost method.

**II. SUMMARY OF RESULTS**

The transition obligations and costs for 1991 are as follows (in \$ thousands):

	<u>1/1/91 Transition Obligations</u>	<u>1991 Costs</u>
Medical	\$1,232.820	\$203.761
Dental	\$63,520	\$11.098
Medicare Part B Reimbursement	\$112.080	\$16.872

Details of the transition obligations and components of the costs are shown on Exhibits I and II, respectively.

The principal assumptions include the following:

- ▶ Discount Rate: 8.00%
- ▶ Expected Long Term Rate of Return on Plan Assets: 7.50%
- ▶ Health Care Trend Rates:
  - Medical
    - Approximately 15% initially, grading down to an ultimate rate of approximately 5%

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**II. SUMMARY OF RESULTS (CONTINUED)**

- Dental  
4% in 1991 and 3.75% after 1991
- Medicare Part B Reimbursement 0%
- Pay Growth - Not Applicable

**III. TRANSITION OBLIGATIONS**

Exhibit I shows the development of the Transition Obligation for each of the three coverages.

In determining the Transition Obligations, the Accumulated Postretirement Benefit Obligations (APBO) for Medical and for Dental were reduced by the fair values of plan assets. The fair values of plan assets were adjusted to reflect the value of benefit payments incurred on or prior to December 31, 1990 but not paid as of that date.

**IV. NET PERIODIC POSTRETIREMENT BENEFIT COSTS**

Exhibit II shows the components of the net periodic postretirement benefit cost separately for Medical, Dental and Medicare Part B Reimbursement benefits.

The net periodic postretirement benefit costs are made up of the following components:

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**IV. NET PERIODIC POSTRETIREMENT BENEFIT COSTS (CONTINUED)**

- ▶ Service Cost
- ▶ Interest Cost
- ▶ (Expected Return on Plan Assets)
- ▶ Amortization of Transition Obligation
- ▶ Amortization of Prior Service Cost
- ▶ Amortization of (Gains) and Losses

There were no amortizations of gains and losses because 1991 was the first year for which costs were determined based on SFAS 106. In addition, no prior service costs were established in 1991. The transition obligations were amortized on a straight-line basis over the average remaining service period of active plan participants of 15.96 years.

**V. MARKET-RELATED VALUES OF ASSETS**

The market-related values of assets as of January 1, 1991 were set equal to the fair values of plan assets as of that date for Medical and for Dental coverages. There were no plan assets with respect to Medicare Part B Reimbursement.

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**VI. COLLECTIVE BARGAINING AGREEMENTS**

The 1989 collective bargaining agreements modified the postretirement medical coverage by introducing limitations on the Company's annual cost per retiree. The Company's annual cost per retiree for participants who retire on or after January 1, 1990 will not exceed the amounts ("Caps") below:

	Retired Participants	
Category 1	<u>Under Age 65</u>	
	Individual Coverage	\$2,850
	Family Coverage	\$4.860

	Retired Participants	
Category 2	<u>Age 65 or Over</u>	
	Individual Coverage	\$ 670
	Family Coverage	\$1.660

Participants who retire after 1989 will share in the cost to the extent that the average incurred claims exceed the Category 1 or Category 2 "Caps" above, whichever is appropriate. However, the cost sharing by such participants will not occur until the later of (1) 1993 or (2) the year after 1993 in which projected aggregate claims exceed the aggregate Company cost limits of Categories 1 and 2 combined. The projected aggregate claims for the purpose of determining cost sharing are to be determined pursuant to the methodology contained in the bargaining agreements.

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**VII. ACTUARIAL COST METHOD**

The actuarial cost method is prescribed by SFAS 106. The method is a version of the commonly used Projected Unit Credit Cost Method.

Under the prescribed method postretirement benefits are allocated to each year of service within the attribution period. The attribution period begins at date of hire, unless the plan's benefit formula grants credit for service only after a later date. The attribution period ends at the full eligibility date which is the date the employee has rendered all the service necessary to receive full benefits.

The APBO is the present value of the postretirement benefits assigned to years within the attribution period but prior to a certain date. For example, the APBO as of January 1, 1991 is the present value of postretirement benefits allocated to the years of service rendered prior to January 1, 1991.

The service cost is the present value of postretirement benefits assigned to the current year. For example, the 1991 service cost is the present value of benefits assigned to 1991.

The end of the attribution period has already occurred for active participants who have already reached their full eligibility date and for retired participants. As a result, the APBO for each of these two groups is the present value of all future postretirement benefits, and the service cost is zero.

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**VIII. ASSUMPTIONS AS TO FUTURE EXPERIENCE**

In order to determine the costs and APBO's under SFAS 106, it is necessary to estimate the postretirement benefits that will be paid in future years for currently active employees and retirees (including benefits to be paid for their eligible dependents) and to allocate benefits for active participants to the current year and to years of service rendered before the valuation date. The allocated benefits are then discounted for survivorship and interest to estimate their present values. The process involves the use of actuarial assumptions. The two most important assumptions are the discount rate and the health care cost trend rates. The primary assumptions also include withdrawal rates, disability rates, promotion rates, mortality rates and retirement rates for active employees and mortality rates for retired employees.

A. Discount Rates and Expected Long Term Rate of Return on Plan Assets

The discount rate for 1991 is 8% and the expected long term rate of return on plan assets is 7.5%. Both the 8% and 7.5% assumptions were also used to determine the Company's 1991 costs under SFAS 87 for the Bell Atlantic Pension Plan.



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**VIII. ASSUMPTIONS AS TO FUTURE EXPERIENCE (CONTINUED)**

**B. Mortality, Withdrawal, Disability and Retirement Rates**

The active mortality, withdrawal, and retirement rates and the postretirement mortality used to determine the present values of future health care benefits are the same rates that were used to determine the Company's 1991 costs under SFAS 87 for the Bell Atlantic Pension Plan. The active mortality and disability rates were revised from the prior year to reflect recent experience. In addition, the retiree mortality rates were revised to reflect the mortality rates contained in the 1991 Telecommunications Mortality Table. (The 1991 Telecommunications Mortality Table reflects recent retiree mortality experience in the Telecommunications Industry including retiree mortality experience of Bell Atlantic Associate retirees.) Tables 1 through 8 show the detailed assumptions.

The rates of separation from service shown on Tables 1 and 2 combine the mortality, withdrawal and disability rates.

**C. Promotion Assumption**

Beginning with this valuation, promotion assumptions were introduced to reflect the anticipated transfer of Associate employees to Management status. The promotion assumptions were also used in the determination of the Company contributions. The promotion assumptions are shown in Table 3.

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**VIII. ASSUMPTIONS AS TO FUTURE EXPERIENCE (CONTINUED)**

**D. Health Care Cost Trend Rates**

Both the medical and dental cost trend rates are shown in Exhibit V.

The approach used in this valuation for both Medical and Dental benefits is to apply annual health care cost trend rates to current claim costs per retiree in order to estimate claim costs per retiree in future years.

The medical cost trend rate assumptions start at 15% in 1991 (13.9% for ages 65 and over) and decline to an ultimate rate of 5.00% in 2003 (4.80% for ages 65 and over). Due to changes in Medicare with regard to Balance Billing and other legislated changes, certain medical trend rates were revised from the trend rates used in the prior year's valuation for determining Company contributions to the Retiree Health Trust. For example, the trend for ages 65 and over was revised to include a temporary decline during 1992-1993.

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**VIII. ASSUMPTIONS AS TO FUTURE EXPERIENCE (CONTINUED)**

The dental trend rate assumptions shown in Exhibit V are a blend of two components; one for Type A services and the other for Type B services. Type B services consist of the more expensive dental care services and are based on fixed fee schedules. The average incurred claims for Type B services are not expected to increase from year to year as much as those for the Type A services. Thus, the trend rate assumptions for Type B services are lower.

The health care cost trend rates do not take into consideration any anticipated changes in the demographic composition of the employees, retirees, or their eligible dependents. The trend rates also do not reflect any possible future changes in plan provisions or legislation.

Health care cost trend rates are not used with respect to Medicare Part B Reimbursement because the reimbursement is frozen at the 1991 Medicare Part B amount.

While it is not to be expected that any of the assumptions described above will prove to agree exactly with future experience, it is believed that the resulting costs and liabilities developed are reasonably accurate. The assumptions have been developed to be individually realistic.

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**IX. CLAIM COSTS**

The initial 1990 incurred claim costs per retiree are an essential input to the valuation. The input medical claim costs were compiled from actual 1988 and 1989 incurred claim experience for all retirees and their eligible dependents. The actual medical claim experience was provided by Blue Cross/Blue Shield of the National Capital Area. The following adjustments were made to the claim experience:

- (1) The 1989 paid claim cost experience was adjusted to an estimated incurred basis to reflect 1989 incurred claims not yet paid as of February 28, 1991 but expected to be paid after that date.
- (2) The claim costs were adjusted to reflect insurance carrier expenses and the experience of retirees participating in HMO's.
- (3) The incurred claim costs were adjusted for changes in benefit provisions not fully reflected in the actual claim experience.
- (4) Average 1989 incurred claim costs per retiree were determined from the adjusted incurred claims costs in item (3) and from the life counts taken from the retiree census data as of January 1, 1989 and January 1, 1990. The average incurred claims per retiree include both dependent and retiree claims because the surviving dependent claims cease to be financed by Company contributions shortly after the death of a retiree.

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**IX. CLAIM COSTS (CONTINUED)**

- (5) The final 1989 incurred claim costs per retiree from item (4) were averaged with the expected 1989 incurred claim costs per retiree. The expected 1989 claim costs per retiree were determined by applying a trend assumption to the 1988 incurred claim costs per retiree derived from actual 1988 claim experience. The averaging of the actual and expected 1989 incurred claim costs per retiree is, in effect, an averaging of the actual and expected trend rates from 1988 to 1989. This smoothing technique tends to reduce the volatility of the actual medical trend experience and, consequently, also tends to reduce the volatility of Company costs from year to year.

The averaging method was not used with respect to incurred dental claim costs per retiree because of the lower volatility generally expected for these costs.

- (6) The 1989 incurred claim costs per retiree were adjusted so as to be on a 1990 incurred basis by applying 1990 trend assumptions of approximately 14% for medical and 4% for dental.

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**IX. CLAIM COSTS (CONTINUED)**

For participants who retired prior to January 1, 1990, the average 1990 incurred claim costs per retiree shown in Exhibit VI are broken down by age group and sex to reflect differences in claim experience by age and sex and also to reflect the fact that dependency, and therefore dependent claims per retiree, vary significantly both by age and sex. Average claim costs per retiree which vary by age and sex are also appropriate to reflect differences in sex composition between retirees and actives.

Due to the nature of the "Caps", the average medical incurred claim costs for participants retiring after December 31, 1989 and who, therefore, could be affected by the "Caps", were determined for two groups; retirees under age 65 and retirees age 65 and over, with no additional analysis by age or sex. For future retirees, the 1990 average medical claim costs per retiree prior to the application of the trend assumptions are as follows:

Under Age 65	\$4,120
Age 65 & over	\$1,582

Average dental claims per retiree varying by age and sex group were used for both future retirees and current retirees.

**X. PLAN PROVISIONS**

The postretirement eligibility provisions for medical and dental coverage are described in Appendix A. The benefit provisions of the Medical Expense Plan, Dental Expense Plan and Medicare Part B Reimbursement with respect to postretirement benefits are summarized in Appendices B, C and D respectively.

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**X. PLAN PROVISIONS (CONTINUED)**

The provisions of the Medical Expense Plan vary depending on when a participant retires as follows:

<u>Date of Retirement</u>	
o	Before 1990
o	After 1989

This report reflects benefit changes due to OBRA '90 and other recent legislation.

The valuation results reflect a Substantive Plan under which the Company and both current and future retirees who retire on or after January 1, 1990 are expected, in general, to share in future cost increases in medical benefits.

**XI. DEMOGRAPHIC DATA**

The valuation was based on active and retiree census data as of January 1, 1991. The census data are summarized as follows:

	<u>Actives</u>	<u>Retirees Below Age 65</u>	<u>Retirees Age 65 and Over</u>	<u>Retirees Total</u>
Number	52,561	8,020	13,944	21,964
Average Age	41.2	59.7	73.6	68.5
Average Service	16.7			

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**XI. DEMOGRAPHIC DATA (CONTINUED)**

The data for retirees are shown above separately for those below age 65 and for those age 65 and over because the Medical Expense Plan benefits expected to be paid are significantly different between these two age groups due to the fact that Medicare provides most of the coverage for those age 65 and over. Retirees include disability pensioners and service pensioners.

The data for dependents are not shown separately because the associated expected claims are included in average expected claim costs per retiree.

The census data include participants represented by the collective bargaining units and certain Associate participants not represented by a collective bargaining unit.

Bell Atlantic Corporation is the source of the data.

Demographic data were not available for disabled employees receiving Long Term Disability (LTD) benefits under the Company LTD Plan but who were ineligible for either disability or service pensions. However, the data did include claims paid for these employees; thus, they were reflected on an aggregate basis.



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**XII. MEDICARE**

As a result of OBRA '89 & '90, non-participating doctors will be limited in the amount that they can charge Medicare patients. As Bell Atlantic reimburses over-65 retirees for any expenses not paid for by Medicare, this "Balance Billing" will cause the medical cost trend to be reduced in 1992 and 1993.

**XIII. ACTUARY'S STATEMENT**

Calculations reported herein have been made on a basis consistent with my understanding of the Statement of Financial Accounting Standards No. 106 (SFAS 106). Determination for purposes other than meeting employer financial accounting requirements (such as for purposes of measuring participant benefit security) may differ significantly from the results contained in this report.

The plans were assumed to continue indefinitely; however, this assumption should not be construed to mean that Bell Atlantic has an obligation to continue the plans.

Respectfully Submitted,



Thomas G. Bainbridge, ASA, MAAA  
Vice President and Consulting Actuary

January 30, 1992